Date of Deposit: November 12, 2003

Attorney Docket No. 26069-526B

10/712669 10/712669

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First-Named Inventor or

Jerome J. Workman

Application Identifier:

For:

NON-INVASIVE MEASUREMENT OF ANALYTES

November 12, 2003 Boston, Massachusetts

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION UNDER 37 C.F.R. §1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).

This application is a continuation in part of U.S.S.N. 10/617915, filed on 10-Jul-2003; which is a continuation in part of U.S.S.N. 10/616533, filed on 9-Jul-2003; which claims priority to U.S.S.N. 60/425488, filed on 12-Nov-2002; and this application also claims the benefit of U.S.S.N. 60/438837, filed on 9-Jan-2003; U.S.S.N. 60/439395, filed on 10-Jan-2003; U.S.S.N. 60/447603, filed on 13-Feb-2003; U.S.S.N. 60/-----, filed on 31-Oct-2003; each of which is incorporated by reference in its entirety.

| 2. | | Total Pages: 156 Specification (140 pages); Claims (15 pages); Abstract (1 page) Drawings: 41 sheets, Figs. 1-39 |
|----|-------------|------------------------------------------------------------------------------------------------------------------------|
| 3. | \boxtimes | Declaration and Power of Attorney Unsigned (3 pages) Signed |

FIRST-NAMED INVENTOR OR **APPLICATION IDENTIFIER:**

Jerome J. Workman

Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

Fee Calculation 4.

| CLAIMS AS FILED | | | | | | | | |
|---------------------------------------------------------|-----------------|------------------------|-----------------|----------|--------------------------------------------|--|--|--|
| Claims | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a) \$770.00 | | | |
| Total Claims (37 C.F.R. 1.16(c)) | 71 | - 20 = | 51 | \$18.00 | \$918.00 | | | |
| Independent Claims (37 C.F.R. 1.16(b)) | 12 | - 3 = | 9 | \$86.00 | \$774.00 | | | |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | | | | \$290.00 | | | | |
| | | SUBTOTAL: | | | \$2462.00 | | | |
| Re | \$1231.00 | | | | | | | |
| TOTAL FEE | | | | | \$1231.00 | | | |

- \boxtimes 5. A check in the amount of \$1231.00 (#17545) is enclosed.
- 6. \boxtimes The Commissioner is hereby authorized to credit overpayments or charge all fees to Deposit Account No. 50-0311, Ref. No. 26069-526B.
- \boxtimes 7. Return Receipt Postcard Enclosed.

Respectfully submitted,

r R. Elrifi, Reg. N. 3 Christina V. Karnakis, Reg. No. 45,899

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